346 α NI 14031

STATEMENT OF

RECEIVED

FORM 1	ONGANIZATIO		2014 MAT - 1 AM 11: 38
			FC Company
1. NAME OF COMMITTEE (in f		nple: If typing, type the lines.	2FE4M5
NO. V. O. C. V. R1	E, INC. PAC		
ADDRESS (number and	street) $[2, \omega, L, E, E, E, T]$	BCVD.	
(Check if ad is changed)	dress		
	HALVERN CITY	s s	7A
COMMITTEE'S E-MAIL	. ADDRESS		
(Check if ad is changed)	dress Hilongsworth	210 V 0 C U F 2	.,c,o,~
	Optional Second E-Mail Address	10 CN 7 Q . CO	<u></u>
COMMITTEE'S WEB F	PAGE ADDRESS (URL)		
(Check if ad is changed)	dress		
2. DATE	30 2014		
3. FEC IDENTIFICA	ATION NUMBER		
4. IS THIS STATEME	ENT NEW (N) OR	AMENDED (A)	
I certify that I have ex	amined this Statement and to the best of my l	nowledge and belief it is tr	ue, correct and complete.
Type or Print Name of	Treasurer TODD LONG	sworth	
Signature of Treasurer		Dat	• 0,4 30 ZOI4
NOTE: Submission of fa	ilse, erroneous, or incomplete information may sub ANY CHANGE IN INFORMATION SHO		
Office Use Only		For further information contact Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100	FEC FORM 1 (Revised 06/2012)

1	FEC Fo	rm 1 (Revised 02/2009)	Page 2
		OMMITTEE	
Cen	ndidate	e Committee:	
(a)		This committee is a principal campaign committee. (Complete the candidate information below.)	
(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Cominformation below.)	plete the candidate
Nam Cand	e of didate		
	didate y Affiliati	Office on Sought: House Senate President	State
,	y	Tesident	District
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Nam Cand	e of didate		
Par	ty Con	nmittee:	
(d)		i i i i i i i i i i i i i i i i i i i	(Democratic, Republican, etc.) Party
Poli	itical A	ction Committee (PAC):	
(e)	X	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con	nected organization is
	•	Corporation Corporation w/o Capital Stock	Labor Organization
		Membership Organization Trade Association	Cooperative
		In addition, this committee is a Lobbyist/Registrant PAC.	
(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate se committee. (i.e., nonconnected committee)	gregated fund or party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
 Join	t Eune	Iraising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for tw	o or more political
(8)		committees/organizations, at least one of which is an authorized committee of a federal candidate.	o or more pointed
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	o or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	· · · · · · · · · · · · · · · · · · ·
	3.	FEC ID number	
	4.		

1		
FEC Form 1 (Rev	sed 02/2009)	Page 3
Write or Type Committee		
horocurk	ING PAC	
6. Name of Any Connec	ted Organization, Affiliated Committee, Joint Fundraising Representation	entative, or Leadership PAC Sponsor
MONOCORE	TAC	<u> </u>
Mailing Address	1195 COMMERCE WAY	
•	BITITA BEINERIAZ 1980USEU	
	POIRITIS MOINITIH	NH 038011-
	CITY	STATE ZIP CODE
7. Custodian of Records books and records.	: Identify by name, address (phone number optional) and position	of the person in possession of committee
Full Name	AD LONGS DORTH	
Mailing Address	MOVOCN RE	
Walling Address	2 W. LIBERTY BLUD	1 1 1 1 1 1 1 1 1 1 1 1 1
		PA 119.355
Title or Position	CITY	TATE ZIP CODE
TREASUR	EP Telephone numbe	, <u>212-767-7549</u>
	ne and address (phone number optional) of the treasurer of the coe.g., assistant treasurer).	ommittee; and the name and address of
Full Name of Treasurer	DD LONGS WORTH	
Mailing Address	MONBCORK	
	Q W. LIBERTY BGUD	
	MALVERN	PA 1.93.55
Title or Position		TATE ZIP CODE
TREASORI	Telephone numbe	. 213-767-7549

FEC Form 1 (Rev	vised 02/2009)				Page 4	
full Name of						
Pesignated FR	ANK LEONARO		1111			لــا
failing Address	MOJOCURE		1111	1111	1 1 1 1 1	لــا
	2 W. LISERTY	BLUD	1111	<u> </u>	1 1 1 1	لــا
	MALVERN		PA	193	5.5 - L	لــا
	CITY		STATE	Z	IP CODE	
itle or Position	Edsuker	Telephone num	har 121	2-17	67-12 <i>53</i>	<u>.</u> 6
		relephone num	ibei [And Company of the Co	
						_
Banks or Other Deposi afety deposit boxes or i	Itorles: List all banks or other depositories in maintains funds.	which the committee	ee deposits	iunds, holds	accounts, rents	
Name of Bank, Deposito	ory, etc.					

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Note: contai or cas Interr
The value ups. corr wei Dom . 전 전 전

SUSAN LUCZAK 212-767-7529 NOVOCURE INC 2 WEST LIBERTY BOULEVARD MALVERN PA 19355

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1 OF 1

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Extremely Urgent

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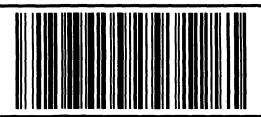


MD 201 9-83



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BILLING: P/P

Reference #1: Novocure Inc. PAC Reference # 2: Admin - Legal Documents

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B		5/1/14	
PREPARER (8/2013)		DATE PREPARED	